PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Α	Application or Docket Number 10/551,735			ing Date 29/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OR		HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		l	N/A]	N/A	300	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A			N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A			N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	minus 20 = *			П	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) 1 additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (size fee due each ereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	300	
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAL										ER THAN ALL ENTITY			
AMENDMENT	11/07/2008	CLAIMS REMAININ AFTER AMENDME	PREV			PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 33	Minus	 27		- 6		x \$ =		OR	X \$52=	312	
ΙÄ	Independent (37 CFR 1.16(h))	• 7	Minus	•••7		= 0	ı	x \$ =		OR	X \$220=	0	
Ž	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	312	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDME	VG	HIGHES' NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())		Minus				П	x \$ =		OR	x \$ =		
Δ	Independent (37 CFR 1.16(h))		Minus	***			l	x \$ =		OR	x s =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))									1			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR			
										OR	TOTAL ADD'L FEE		
** 11	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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